

Name:	Title:	
Organization:	County:	
Phone Number:	Fax Number:	E-Mail:
Address:	Room #:	
City:	State: CA	Zip:

Part 1: Agency Staffing and Workload

Please Answer all Questions for Fiscal Year 1999-00

Staffing:

1. Total number of *authorized* Deputy Probation Officers or equivalent staff positions:

In your response to 1, please include *all* staff positions that provide supervision of offenders including supervisors and managers. Do *not* include detention staff.

1a. Total number of *filled* probation department positions:

1b. Total number of probation department vacancies:

(Note: The sum of 1a + 1b should be equal to the number you report in question 1.)

Size of the offender population under supervision by probation department:

2. Average *daily* number of *all* offenders under supervision by the probation department:

In your response to 2, please include *all* adults and juveniles who are banked *or* under active supervision. Do *not* include offenders in detention or offenders under "informal probation" or court supervision.

Of the daily average of offenders under supervision, How many are:

	Misdemeanor		Felony		Total
2a. Adult probationers?	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
2b. Juvenile probationers?	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>

(Note: the sum of the **Totals** (2a + 2b) should be equal to the number you report in 2.)

*Of the daily average of **juvenile** probationers, please indicate the following:*

3. Daily average number of youths receiving in-home services

4. Daily average number of youths receiving out-of-home placement services

5. Please list below the daily average population in all juvenile correctional facilities and their rated capacity.

	Name of Facility	Average Daily Population	Rated Capacity
5a.	Juvenile Hall		
5b.			
5c.			
5d.			
5e.			
(Attach additional sheets if necessary)			

(Note: the sum of 3 + 4 + 5a + 5b + 5c + 5d + 5e should be equal to the **Total** reported in 2b.)

Caseload and Case Assignment of Probation Officers:

Please indicate the average daily caseload *per* Deputy Probation Officer
for the following types of probationers:

Adults:

	Average Caseload	
	Misdemeanor	Felony
6. Intensive supervision (Please specify type, e.g., drug, sex offender caseload.)		
6a.		
6b.		
6c.		
6d.		
6e.		
6f.		

(Attach additional sheet if necessary)

	Misdemeanor	Felony
6g. Regular Supervision		
6h. Banked		

Juvenile:

	Average Caseload	
	Misdemeanor	Felony
7. Home-Intensive Supervision (Please specify type, e.g., drug, sex offender caseload.)		
7a.		
7b.		
7c.		
7d.		
7e.		
7f.		

(Attach additional sheet if necessary)

	Misdemeanor	Felony
7g. Home-Regular Supervision		
7h. Home-Banked		
7i. Placement (e.g., foster care, group homes)		

8. Do you use a risk assessment tool for:

- 8a. Adult? ☐ Yes ☐ No
- 8b. Juvenile? ☐ Yes ☐ No

If "Yes," Please attach risk assessment tool.

9. How are *adult* cases assigned?

(Check all that apply)

- ☐ Specialized case type
- ☐ Rotation
- ☐ Amount of work
(to achieve balanced workload)
- ☐ Other (Please specify how)

10. How are *juvenile* cases assigned?

(Check all that apply)

- ☐ Specialized case type
- ☐ Rotation
- ☐ Amount of work
(to achieve balanced workload)
- ☐ Other (Please specify how)

Part 2: Probation Services

1. Please indicate the types of services that the probation department provides for Adults and Juveniles (Check *all* that apply).

	<i>Adult</i>	<i>Juvenile</i>
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>
Batterers programs	<input type="checkbox"/>	<input type="checkbox"/>
Community services	<input type="checkbox"/>	<input type="checkbox"/>
Deferred entry of judgment	<input type="checkbox"/>	<input type="checkbox"/>
Detention services	<input type="checkbox"/>	<input type="checkbox"/>
Disposition reports	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>
Drug court services	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing in schools	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>
Gang grant services	<input type="checkbox"/>	<input type="checkbox"/>
Group Homes	<input type="checkbox"/>	<input type="checkbox"/>
Home Supervision Services	<input type="checkbox"/>	<input type="checkbox"/>
In Patient Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Informal probation	<input type="checkbox"/>	<input type="checkbox"/>
Intake	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-county/jurisdiction transfer	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-home placements	<input type="checkbox"/>	<input type="checkbox"/>
Out-Patient Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Out-patient Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Pre-sentence investigation reports	<input type="checkbox"/>	<input type="checkbox"/>
Residential Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Restitution to victims	<input type="checkbox"/>	<input type="checkbox"/>
Reviews	<input type="checkbox"/>	<input type="checkbox"/>
Revocation hearings	<input type="checkbox"/>	<input type="checkbox"/>
Serve as hearing officers	<input type="checkbox"/>	<input type="checkbox"/>
Sex offender services	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offender Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Victim impact statements	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify below)	<input type="checkbox"/>	<input type="checkbox"/>
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2. Please indicate the types of specialized *court* programs available to adults and juveniles in your county (Check all that apply).

	<i>Adult</i>	<i>Juvenile</i>
Day Reporting Center	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Court	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>
Early Disposition Programs	<input type="checkbox"/>	<input type="checkbox"/>
Gang Prevention Unit	<input type="checkbox"/>	<input type="checkbox"/>
Informal Juvenile and Traffic Court	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Court	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Accountability Boards	<input type="checkbox"/>	<input type="checkbox"/>
Peer Court	<input type="checkbox"/>	<input type="checkbox"/>
Pretrial Informal Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Victim Offender Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify below)	<input type="checkbox"/>	<input type="checkbox"/>
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Part 3: Goals and Priorities of Probation Department

1. Does your probation department have a written mission statement?

☐ Yes ☐ No

If "Yes," Please Attach the Mission Statement and Answer the Following:

1a. When was your department's mission statement written? _____

1b. How often is the mission statement reviewed? _____

If "No," please briefly describe the probation department's philosophy.

2. Does your probation department have written annual objectives for:


2a. Adult services? ☐ Yes ☐ No

2b. Juvenile services? ☐ Yes ☐ No

If "Yes," Please attach the annual objectives for adults and juveniles.

3. Please list, *in order of importance*, your top five priorities for probation?

(e.g., Rehabilitation, Compliance, Monitoring, Education, Public Safety, Offender Accountability, Reintegration, Training, etc.)

<i>Top Adult Priorities</i>		<i>Top Juvenile Priorities</i>
1 _____		1 _____
2 _____		2 _____
3 _____		3 _____
4 _____		4 _____
5 _____		5 _____

4. Has probation tried any innovative programs in the last 3 years that have proven effective?

☐ Yes ☐ No

If "Yes," please identify and explain below.

(If reported in Annual Report, please provide page reference.)

Part 4: Appointment, Evaluation & Term of Chief Probation Officer (CPO)

1. Who has the *legal authority* to appoint the CPO? (Select One)

- ☐ Appointed by Presiding Judge
- ☐ Appointed by committee of judges
- ☐ Appointed by entire bench
- ☐ Appointed by the Board of Supervisors
- ☐ Appointed by County Executive or Administrative Officer
- ☐ Appointed by Commission, such as Juvenile Justice Commission
- ☐ Other (Please Specify) _____

1a. If CPO is appointed by a Commission,
What agency or individual selects the members of the commission?

2. *In practice*, if the CPO is appointed by a single entity or person, is that selection made through *formal* consultation or concurrence with any other entity or person? (Select One)

- ☐ Yes, in formal *consultation*
- ☐ No, not in formal consultation nor in concurrence
- ☐ Yes, in formal *concurrence*

2a. If "Yes," With what entity or person does formal consultation or concurrence take place?

2b. Please describe briefly how this process works.

3. Does a formal process of evaluation of the CPO exist?

- ☐ Yes
- ☐ No

If you answered "No" to Question 3, Please skip to Question 4.

If you answered "Yes" to Question 3, Please answer the following.

3a. Who has the authority for conducting the evaluation?

- ☐ Board of Supervisors
- ☐ County Executive or Administrative Officer
- ☐ Court Executive Officer
- ☐ Court Presiding Judge
- ☐ Other _____

3b. How often is formal evaluation conducted?

- ☐ Once a year
- ☐ Once every two years
- ☐ Other (Please Specify) _____

5. Has probation tried any innovative programs in the last 3 years that were *not* proven successful?

☐ Yes ☐ No

If "Yes," please identify and explain below.

6. Please indicate in order of preference any services you would like to add or improve.

1
2
3
4
5

7. In general, do you believe that in the next 5 years the quality of probation services will:

(Check one)

Decline Greatly

Decline
Somewhat

Remain the
Same

Improve
Somewhat

Improve Greatly

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8. Please explain your answer to Question 7 below.

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6. Is there a formal process for removal of the CPO?

☐

Yes

☐

No

6a. If "Yes," Who is responsible for the removal of the CPO?

6b. Please briefly describe the removal process

7. Is there a process for disciplining the CPO?

☐

Yes

☐

No

7a. Please briefly describe the discipline process.

8. In the past 10 years, has there been disagreement over the appointment, removal, or discipline of the CPO?

☐

Yes

☐

No

8a. If "Yes," Please briefly describe how the disagreement was resolved.

Part 5: Your Opinion about the Appointment System

1. In your opinion, how well is the current appointment system working? (Select *One*)

Very Well	Well	Neither Well Nor Poorly	Poorly	Very Poorly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please explain briefly why you believe the appointment system does or does not work.

3. Is there another type of appointment system that you believe would work better than the current system?

(e.g., Court appointment, Board of Supervisors appointment, County Executive or Administrative Officer appointment, Appointment by Court with concurrence of Board of Supervisors, Appointment by Board of Supervisors with concurrence of Court, Election of CPO or Appointment of CPO by Commission such as Juvenile Justice Commission)

☐ Yes ☐ No

Please Specify:

4. We welcome your thoughts on how the appointment system could be improved.
